



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
DELMA S. HUME, ET AL.)
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Application Number: 10/612,659)
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Filed: July 2, 2003)
)
Title: METHOD FOR MANAGING RETURNS)
)
)
Attorney Docket No.: 02-337)

Peoria, Illinois 61629-6490

September 9, 2003

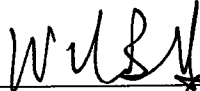
Commissioner for Patents
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Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

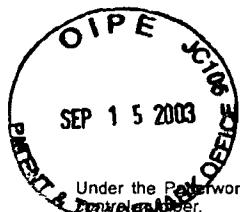
The following information and attached material are submitted for the Examiner's consideration relative to one or more of the claims in the above-identified application. A PTO 1449 (SB08) form and a copy, if required, of each item listed thereon are attached.

Respectfully submitted,



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Enc.



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PTO/SB/08A (10-01)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) Sheet <u>1</u> of <u>1</u>		Complete if Known	
		Application Number	10/612,659
		Filing Date	07/2/2003
		First Named Inventor	Delma S. Hume ET AL.
		Art Unit	
		Examiner Name	
		Attorney Docket Number	02-337

U.S. PATENT DOCUMENTS					
Examiner Initials [*]	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
VF/ VF/		US- 5,974,395	10-26-1999	Bellini et al.	
		US- 6,341,271	1-22-2002	Salvo et al.	
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FOREIGN PATENT DOCUMENTS						
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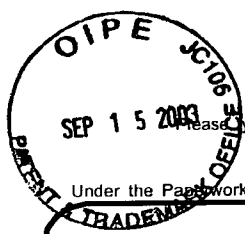
Examiner Signature	/Vanel Frenel/	Date Considered	07/01/2010
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/612,659
	Filing Date	07/2/2003
	First Named Inventor	Delma S. Hume ET AL.
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number 02-337	

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<div style="border: 1px solid black; padding: 5px; min-height: 50px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William B. Heming, Registration No. 29,390
Signature	
Date	September 9, 2003

CERTIFICATE OF MAILING			
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